



For laboratory use only	
Submission Request No. (SRN)	
Test Request No. (TRN)	

**TESTING REQUEST FOR DETERMINATION OF BURNING BEHAVIOUR OF
VERTICALLY ORIENTED SPECIMENS OF FALL PROTECTION- SAFETY NETS**

Account No. (if available) _____	Customer Test Request Ref. No. _____ (Please limit to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Method (Select appropriate box)	Test Description	PWLTM no.	No. of Samples
<input type="checkbox"/> GB/T 5455-2014 (Condition A) in conjunction with GB 5725-2025 Cl. 5.5.2	安全網的阻燃性測試 (條件 A)		
<input type="checkbox"/> GB/T 5455-2014 (Condition A) in conjunction with GB 5725-2025 Cl. 5.5.3	安全網的阻燃性測試 (條件 A)		
<input type="checkbox"/> GB/T 5455-2014 (Condition A) in conjunction with GB5725-2009 Cl. 5.2.2.9	安全網的阻燃性測試 (條件 A)		
<input type="checkbox"/> GB/T 5455-2014 (Condition B) in conjunction with GB5725-2009 Cl. 5.2.2.9	安全網的阻燃性測試 (條件 B)		
<input type="checkbox"/> GB/T 5455-2014 (Condition A) in conjunction with GB5725-2025 - for BD only* 物料是浸漬塗覆安全網	安全網的阻燃性測試 (條件 A) (測驗結果只包括續燃時間及陰燃時間)		
<input type="checkbox"/> GB/T 5455-2014 (Condition A) in conjunction with GB5725-2025 - for BD only* 物料是拉絲經編安全網	安全網的阻燃性測試 (條件 A) (測驗結果只包括續燃時間及陰燃時間)		
<input type="checkbox"/> GB/T 5455-2014 (Condition A) in conjunction with GB5725-2009 - for BD only*	安全網的阻燃性測試 (條件 A) (測驗結果只包括續燃時間及陰燃時間)		
<input type="checkbox"/> GB/T 5455-2014 (Condition B) in conjunction with GB5725-2009 – for BD only*	安全網的阻燃性測試 (條件 B) (測驗結果只包括續燃時間及陰燃時間)		

MIS 12.1

Remarks*: Return of tested and untested samples is required

Additional sample/testing information:

Note: ⁽¹⁾ To be completed by a project inspectorate grade officer or above (or his delegate)

Sample(s) delivery by :

Test(s) requested by ⁽¹⁾ :

Signature : _____
Name : _____
Post : _____
Tel./Fax No. : _____ / _____
Date : _____

Signature : _____
Name : _____
Post : _____
Tel./Fax No. : _____ / _____
Date : _____

Fill in the box below the name, mailing and e-mail address to which the test report(s) should be sent or else mark "To be collected" if the customer requests to collect the report(s) from the laboratory in person.

<input type="checkbox"/> Preliminary results		
Fax No.:		



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SAMPLE(S) INFORMATION